



U.S. Department
of Veterans Affairs

National Veteran Health Equity Report



VHA Office of Health Equity



Veterans Health
Administration
Office of Health Equity

The VHA Office of Health Equity (OHE) (<http://www.va.gov/healthequity/>) was established in 2012. OHE supports the VHA's vision to provide appropriate individualized health care to each Veteran in a way that eliminates disparate health outcomes and assures health equity.

Vision

Office of Health Equity champions the advancement of health equity and reduction of health disparities.

What is Health Equity?

Highlights from the National Veteran Health Equity Report - FY2013

Below are highlights and selected charts from VHA's inaugural National Veteran Health Equity Report (NVHER). (<http://www.va.gov/healthequity/NVHER.asp>).

The NVHER details patterns and provides comparative rates of health conditions for vulnerable Veteran groups. Specifically, this report is designed to provide basic comparative information on the sociodemographics, utilization patterns and rates of diagnosed health conditions among the groups over which the VHA Office of Health Equity (OHE) has responsibility with respect to monitoring, evaluating and acting on identified disparities in access, use, care, quality and outcomes. The report allows the VA, Veterans, and stakeholders to monitor the care vulnerable Veterans receive and set goals for improving their care.

Data for the National Veteran Health Equity Report are from centralized, national VHA administrative databases of enrollment, outpatient, inpatient, and Non-VA (Fee) medical care, but do not include long-term care services or care received privately by VHA users. All of the report chapters are drafted by VA subject matter experts.

The 2016 version of the National Veteran Health Equity Report details VHA care for vulnerable Veterans in FY2013 by:

- race/ethnicity (Chapter 3);
- gender (Chapter 4);
- age (Chapter 5);
- geography (Chapter 6); and
- mental health status (Chapter 7).

Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices and the elimination of health and health care inequities.

What is a Health Disparity?

A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on these:

- Racial or ethnic group
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive / sensory / physical disability
- Other characteristics historically linked to discrimination or exclusion

Chapters 1, 2, and 8 of the NVHER provide a background on Veteran health disparities issues, the VHA Office of Health Equity, and a summary of the report. The Technical Appendix describes the methods used to develop the data for the report. Finally, the NVHER report contains a foreword by Darrell G. Kirch, MD, President and Chief Executive Officer of the Association of American Medical Colleges.

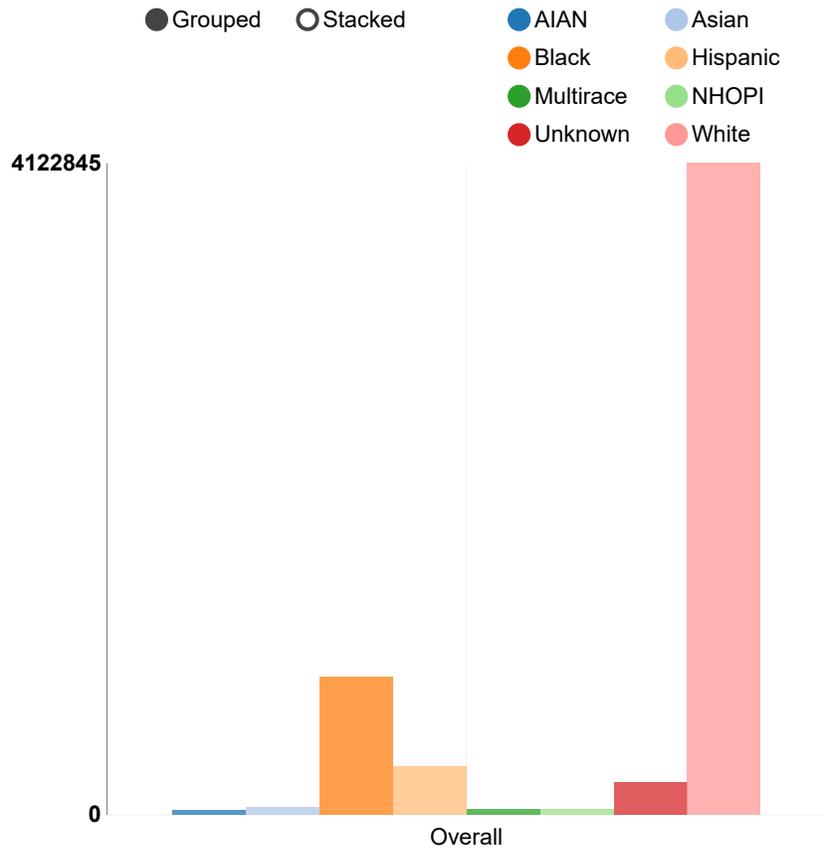
Visit <http://www.va.gov/healthequity/NVHER.asp>

(<http://www.va.gov/healthequity/NVHER.asp>) to read the full report, download figures, and browse related trainings and videos.

Health and Healthcare for Veterans in VHA by Race/Ethnicity

NVHER Highlights

- Racial and ethnic diversity of Veteran VHA User population is increasing, particularly in younger groups and women.
- Greater VA ambulatory care utilization by racial/ethnic groups that are traditionally underserved in the private sector compared with utilization by White Veterans.
- Prevalence of diagnosed conditions – higher in racial/ethnic minorities in VA versus in broader U.S., but lower in racial/ethnic minorities in VA compared with White Veterans in VA.

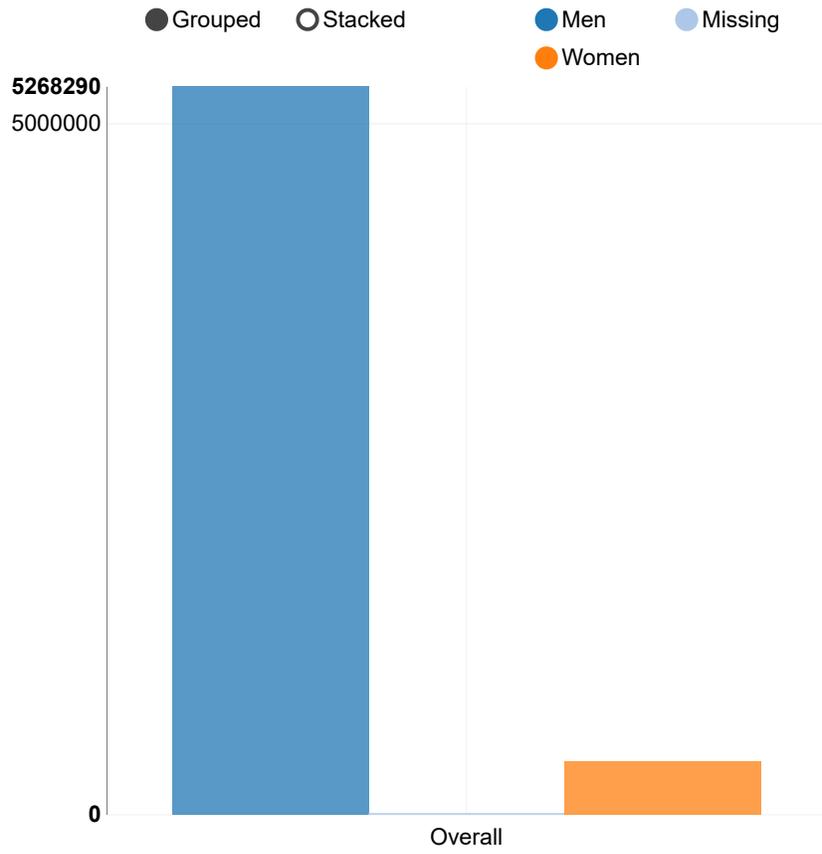


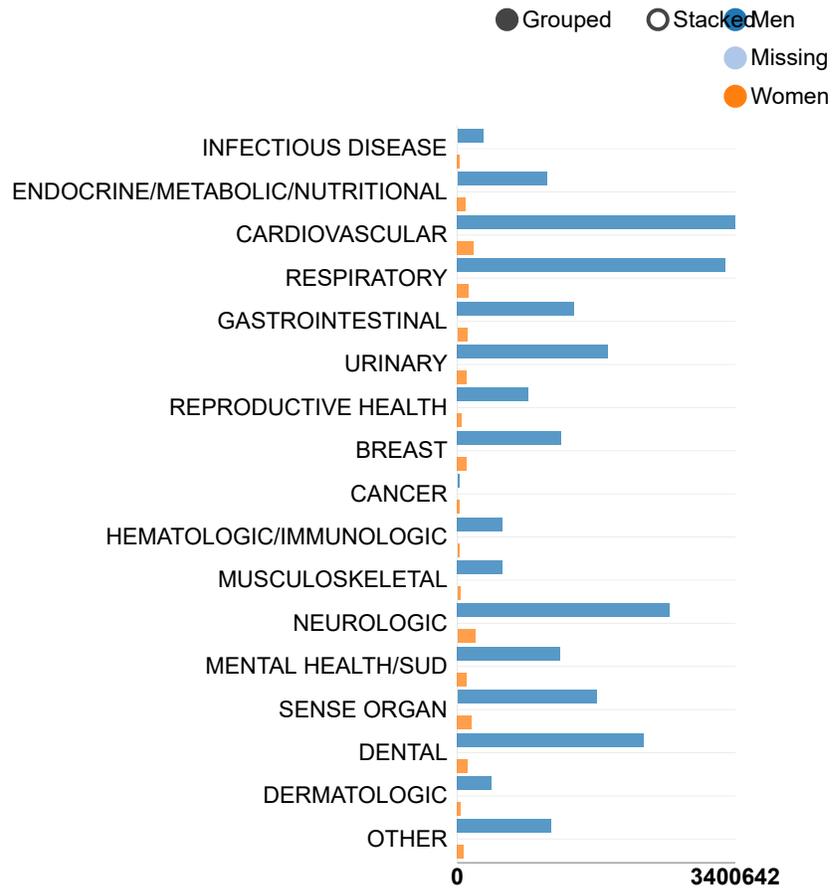


Health and Healthcare for Women Veterans in VHA

NVHER Highlights

- Women are one of the fastest growing populations in VHA, representing nearly 7% of VHA patients in FY13 (380,000 women). Since continued growth in the women Veteran population is expected, VHA must continue to strategically plan for capacity and services to meet the healthcare needs of women Veterans across the lifespan, and to provide equitable, high quality care for women Veterans at all sites of care.
- Despite their younger average age, women have higher or similar rates of most diagnosed condition domains compared to men. Among the most common conditions in women Veterans are cardiovascular risk factors (e.g., hypertension, lipid disorders, obesity), mental health conditions (e.g., depression, anxiety and PTSD), musculoskeletal conditions (e.g., joint disorders, spine disorders), and reproductive health conditions (e.g., menopausal disorders, menstrual disorders).

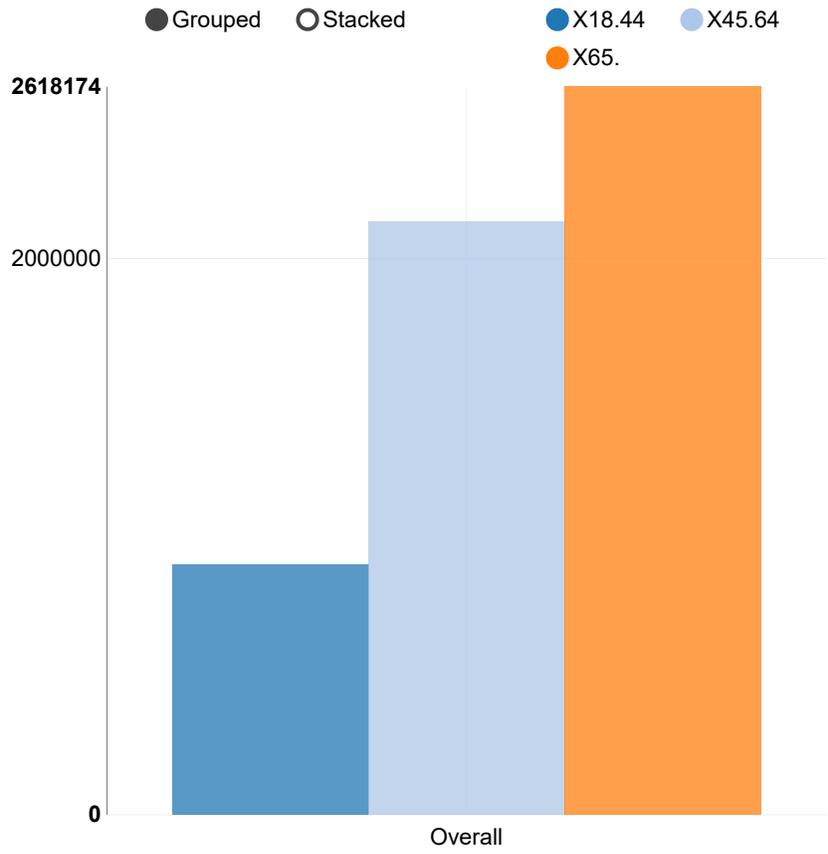


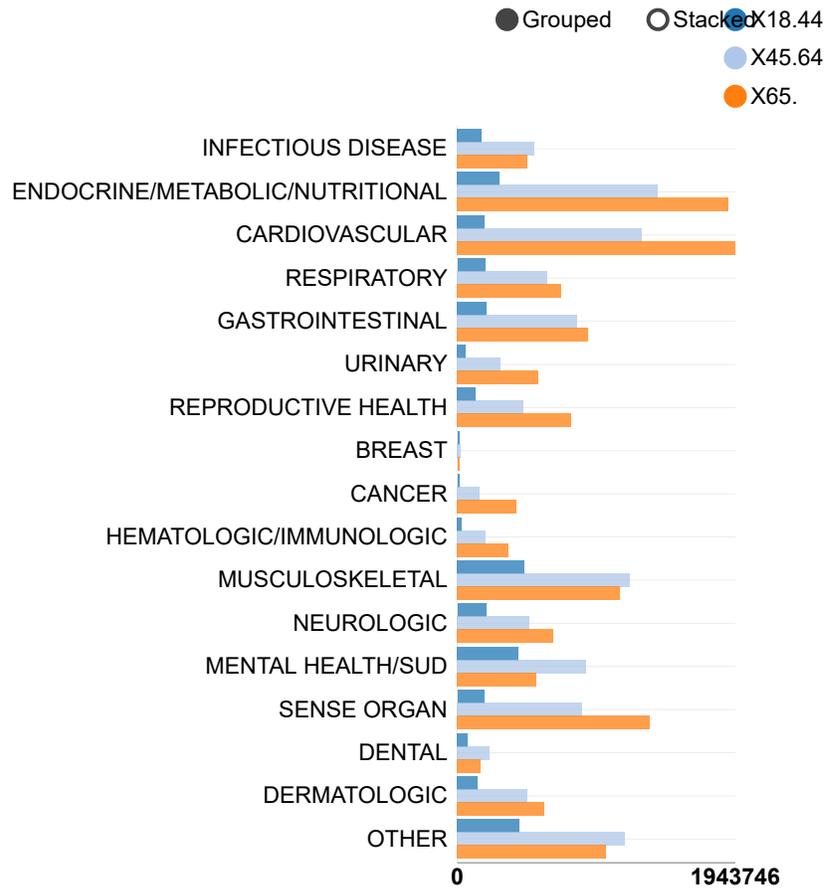


Health and Healthcare for Older Veterans in VHA

NVHER Highlights

- 46% of Veteran VHA users are age 65 and older. This percentage is projected to increase and to become more diverse.
- The population of older Veterans face an increased burden of chronic disease, polypharmacy, functional decline and geriatric syndromes.
- Older Veterans are more likely to live in rural locations compared to their younger counterparts.

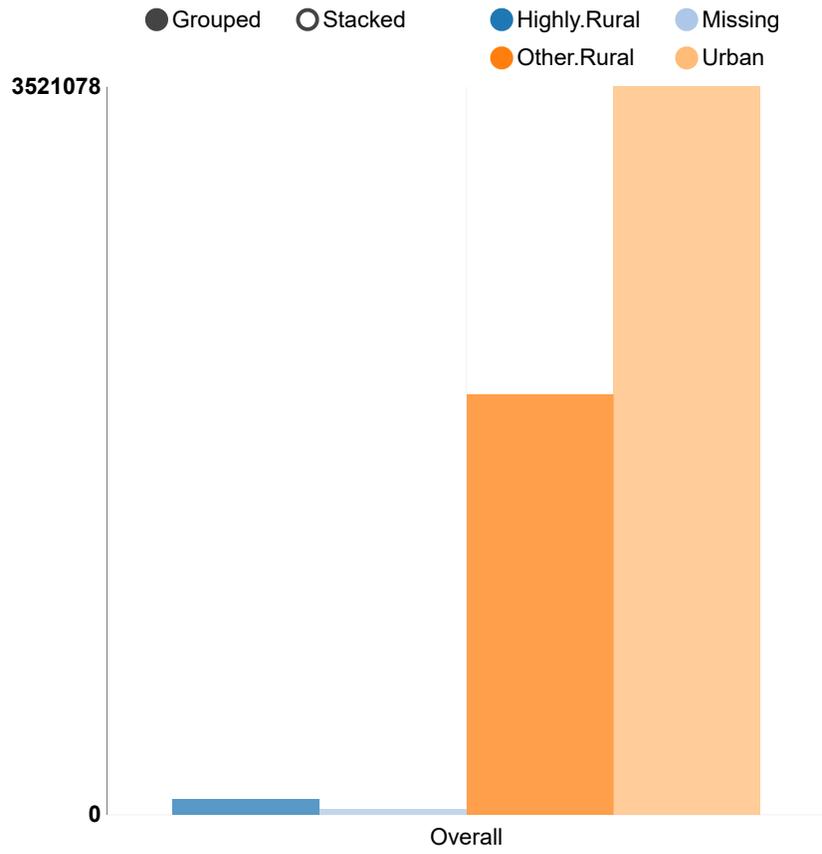


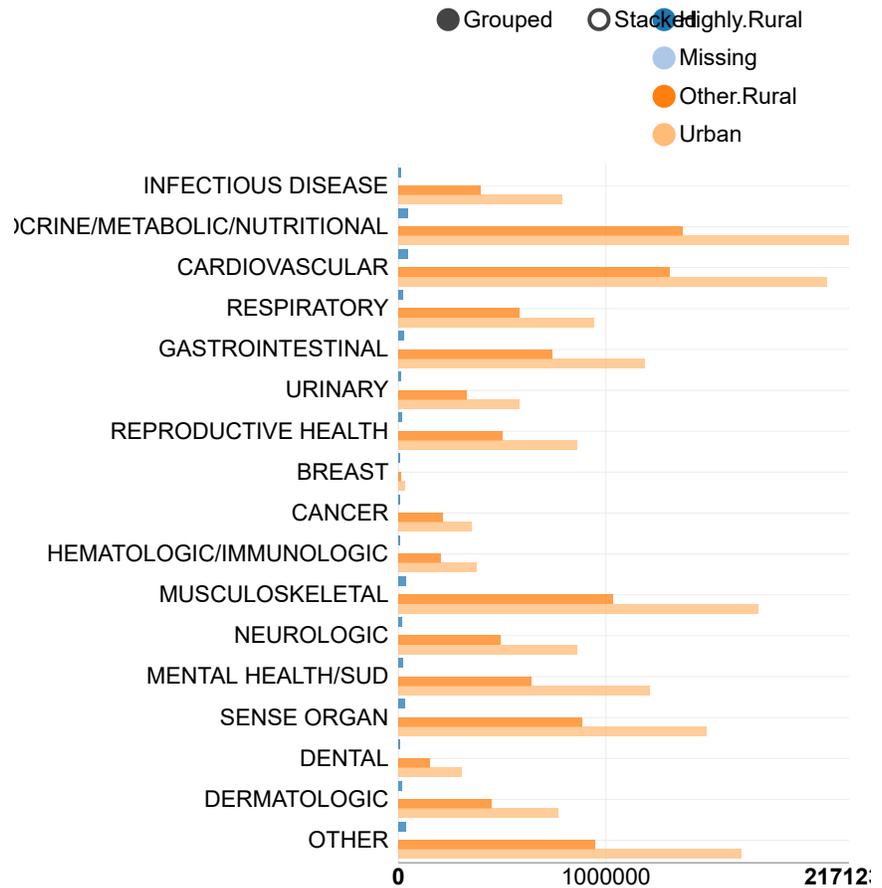


Health and Healthcare for Veterans in Rural Areas

NVHER Highlights

- Overall, the distribution of diagnosed conditions between rural and urban Veterans are largely similar, with rural Veterans having higher diagnosed rates of some conditions (e.g., diabetes and COPD) while urban Veterans have higher diagnosed rates of other conditions (e.g., HIV and Hepatitis C).
- Disparities in health outcomes are largely a result of geographic differences in delivery of and access to quality care, which encompasses differences in prevention, diagnosis, screening, outreach, and clinical service delivery.
- Understanding how rurality impacts health goes beyond exploring rates of health conditions, and should explore differences in health outcomes, in treatment provision, and in health behaviors, to name a few.

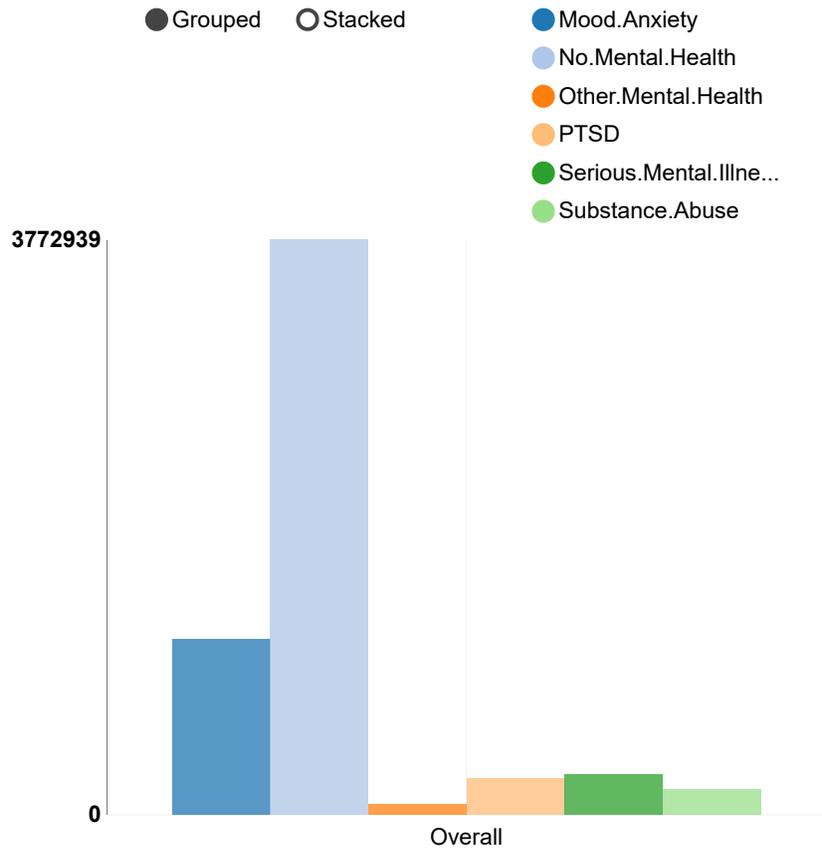


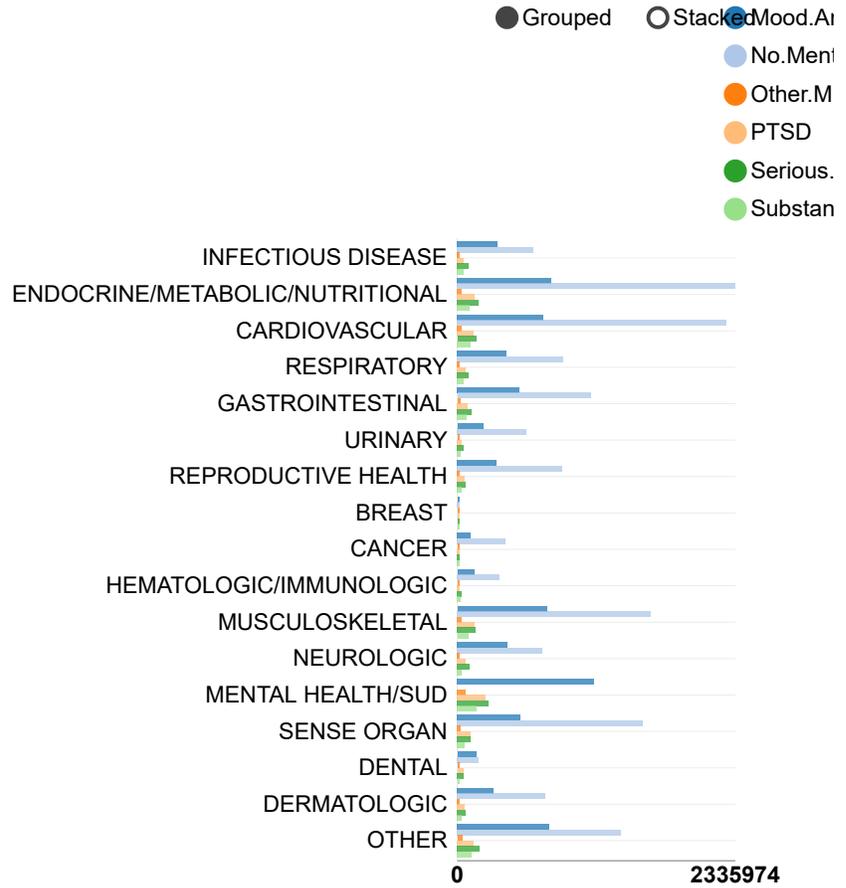


Health and Healthcare for Veterans with Serious Mental Illness

NVHER Highlights

- Similar to the Veteran population on the whole, Veterans with serious mental illness have high rates of hypertension and lipid disorders. On top of those disorders, the Veteran population with serious mental illness also has a very high rate of tobacco use. These are each significant risk factors for coronary heart disease.
- Compared to the Veteran population on the whole, the Veteran population with serious mental illness had considerably more burden from psychosocial factors and housing insufficiency.
- Compared to the Veteran population on the whole, the Veteran population with serious mental illness had higher rates of dental disorders and dental caries.





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